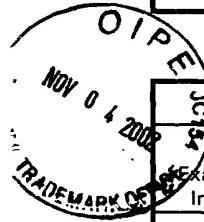


Substitute for form 1449A/PTO	ATTORNEY'S DKT NO. 010315-092	APPLICATION NO. 09/651,130
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>	APPLICANT Kent MALMGREN	
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Examiner Initials	Include name of author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		
Examiner Signature	Lynne Kerche	Date Considered	1/2/03

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